

PROVIDER BULLETIN

No. 16-02

(supersedes 11-46)

DATE: January 7, 2016

TO: Physicians and Mid-level Practitioners Participating in Nebraska Medicaid Program

FROM: Calder Lynch, Director 
Division of Medicaid & Long-Term Care

BY: Leah Spencer, Program Specialist, RN

RE: Medicaid Coverage of Speech Therapy

Please share this information with administrative clinical, and billing staff.

This provider bulletin replaces PB 11-46 (dated August 30, 2011). It clarifies documentation requirements for speech therapy services and does not apply to school based services (see Nebraska Administrative Code [NAC] 471 25). The purpose of this bulletin is to inform providers that effective January 1, 2016, physician and nurse practitioner orders for speech therapy after the initial sixty (60) days of therapy will be required every 60 days. This is a change from the current requirement of a physician order every thirty (30) days after the first 60 days.

For all speech therapy services:

NE Medicaid covers speech therapy services that are medically necessary (see 471 NAC 1-002.2A). All services must be restorative and with a medically appropriate expectation that the client's condition will improve significantly in a reasonable amount of time.

Speech therapy services must be ordered by a physician or nurse practitioner **before** services are provided. An order will be required 60 days from the initial physician order for the therapy services then every 60 days thereafter. Each order must include:

- The need for speech therapy services, including a diagnosis which is appropriate for speech or swallow/oral dysfunction treatment
- The treatment goals and the anticipated length of services

Patient file documentation must be maintained and be available upon request. This documentation must include:

- The physician/nurse practitioner order for evaluation and/or treatment
- Therapy evaluation and the plan of care
- Daily treatment notes detailing therapy treatment and the client's response to the therapy.
- Progress notes or lack of progress must be documented
- Name and credentials of the therapist providing the therapy

For group speech therapy:

Group speech therapy documentation must be submitted with each claim. Documentation must include:

- The physician order
- Treatment provided
- Treatment goals for the individual within the group and
- The number of persons within the group

For pediatric feeding clinic:

This service requires prior authorization. Information on this service may be found at 471 NAC 18-004.50.

NE Medicaid does not provide reimbursement for the following services:

- Sensory integrative techniques to enhance sensory processing and promote adaptive response to environmental demands
- Therapy to facilitate communication
- Learning disorders or services that are formal educational services in an academic subjects
- Functional capacity evaluations
- Maintenance therapy (see 471 NAC 23-003.03)
- Experimental/investigational services
- Documentation time, travel time, or time spent consulting regarding the client (NE Medicaid only reimburses for face-to-face treatment time)

Regulations regarding speech therapy services may be found at: http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-23.pdf

Questions regarding this bulletin may be directed to Leah Spencer, Program Specialist, at 402-471-9368 or via email at: MLTCphysicalhealth@nebraska.gov